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CONFIRMATION NO. 7527

Bib Data Sheet

SERIAL NUMBER 10/565,793	FILING OR 371(c) DATE 01/25/2006 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. U 016099-9
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APPLICANTS

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**** CONTINUING DATA *******This application is a 371 of PCT/AT04/00265 07/23/2004 *COP***** FOREIGN APPLICATIONS *******AUSTRIA A 1180/2003 07/25/2003 *EWA COP*

AUSTRIA A 284/2004 02/24/2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/05/2006

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>Ch. J.</i> Examiner's Signature <i>COP</i> Initials
STATE OR COUNTRY	STATE OR COUNTRY AUSTRIA
SHEETS DRAWING	SHEETS DRAWING 3
TOTAL CLAIMS	TOTAL CLAIMS 24
INDEPENDENT CLAIMS	INDEPENDENT CLAIMS 2

ADDRESS

00140

TITLE

Adjustable stomach band

FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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